

TOWN OF WILLINGTON

APPLICATION FOR EMPLOYMENT

The Town of Willington is an Equal Opportunity / Affirmative Action Employer. It is the policy of the Town of Willington to provide equal employment opportunities without consideration of race, color, religion, age, gender, marital status, national origin, genetic information, veteran status, sexual orientation or any other legally protected status.

Please answer all questions and print legibly

Position(s) applied for: _____

Date of application: _____

General Information:

Name: _____

Last

First

Middle

Address: _____

Social Security # _____

Telephone number: (Please mark the best number to reach you with an *)

Home: _____

Work: _____

Cell: _____

email address: _____

of years at the above address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

(please circle)

y n

Have you ever filed an application with us before?

y n if yes, when?

Have you ever been employed with us before?

y n if yes give date:

Are you available to work:

Part-time

Full-time

Temporary

Are you currently employed?

y n

May we contact your present employer?

y n

Are you currently on "lay-off" status and subject to recall? y n

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?

y n

**Proof of citizenship or immigration status will be required upon employment*

Can you travel if a job requires it?

y n

Can you work overtime if the job requires?

y n

Do you have any friends or relatives working here?

y n

If yes, please list name and relationship to you:

Have you been convicted of a felony within the last 7 years?

y n

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION:

	Name/Address of school	Course of Study	Years Completed	Diploma/Degree
High School/Prep				
College				
Graduate/Professional Trade Or Other				

U.S. Military or Naval Service: _____ Present membership in National Guard or Reserves _____

Rank: _____

List any scholastic honors earned in high school, college or graduate school: _____

If you did not graduate, explain your reasons for leaving: _____

Are you planning to pursue further studies? Y N

If yes, where and what courses? _____

Describe any job related training received in the United States Military or Naval Service: _____

Use the space below to describe your interests and the skills and aptitudes that you feel qualify you for a position at the Town. If you need more space, please continue on a separate sheet.

Employment Experience

Start with your present or last job. Include any self-employment, summer and part time jobs, job related military service assignments and volunteer activities. If you need additional space, please continue on back:

Employer: _____ Dates employed: From: _____ To: _____
Address _____ Job Title: _____
Telephone Number _____
Supervisor Name: _____ May we contact your present Employer? _____
Duties and Accomplishments: _____

Reason for leaving: _____

Employer: _____ Dates employed: From: _____ To: _____
Address _____ Job Title: _____
Telephone Number _____
Supervisor Name: _____
Duties and Accomplishments: _____

Reason for leaving: _____

Employer: _____ Dates employed: From: _____ To: _____
Address _____ Job Title: _____
Telephone Number _____
Supervisor Name: _____
Duties and Accomplishments: _____

Reason for leaving: _____

If you need additional space, please continue on a separate sheet of paper.

List any professional, trade, business or civic activities and offices held: *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status* _____

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? **y** **n**

If yes, please explain: _____

State any additional information you feel may be helpful to us in considering your application: _____

Please list any other qualifications or specialized skills you have obtained from employment or other experience: _____

References:

_____	_____	_____
Name	Address	Phone Number

_____	_____	_____
Name	Address	Phone Number

_____	_____	_____
Name	Address	Phone Number

If hired, what date would you be available to commence employment? _____

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further understand that the use of this application form does not in any way obligate the Town of Willington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town of Willington. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. No supervisory, management or any other employee of the Town of Willington has the authority to make a commitment of guaranteed employment to me, and no document or publication of the Town of Willington shall interpret to make such a guarantee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the policies and procedures of the Town of Willington.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event a job is offered, I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY:

Arrange Interview: ___Y ___N

Remarks:

Employed: ___Y ___N Date of Employment
Job Title: Hourly Rate/Salary Dept:

By: _____